



## PATENT APPLICATION TRANSMITTAL

Commissioner for Patents Washington, D.C. 20231



Transmitted herewith for filing is the patent application under 37 CFR 1.53(b) of:

**INVENTORS: Veronique Mary** 

Jean-Marie Stutzmann

Andre Uzan Florence Wahl I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to Commissioner for Patents, Washington, D.C. 20231, on

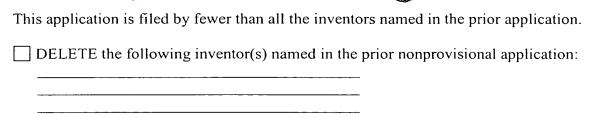
Date of Deposit
Signature

Signature

EL620187500US
Express Mail No.

FOR: NOVEL THERAPEUTIC APPLICATION OF ENOXAPARIN

If a CONTINUING cation, check appropriate box and supply the requisite information:  Continuation  Divisional  Continuation-in-part of prior application no:.  (The cross reference has been/will be inserted on page one of the specification).
This application claims the benefit of U.S. Provisional 60/188,352 filed March 9, 2000 and FR00/00137 filed January 6, 2000. (The cross reference has been/will be inserted on page one of the specification).
osed are: Specification [Total Pages <u>10]</u>
Sheets/Pages of Drawing.
Nucleotide and/or Amino Acid Sequence Submission:  Computer Readable Copy Paper Copy Statement verifying identity of said copies.
A Declaration Newly Executed (original or copy)(unsigned)  Copy from a prior application (37 CFR 1.63(d))
Incorporation By Reference (useable if filing a continuation/divisional and a copy of the declaration from the prior application is enclosed.)  The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
Also enclosed:  EFS Print  Fee Transmittal Sheet



	CLAIMS	AS FILED					
(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE (\$710.00)			
TOTAL CLAIMS	3 - 20	0	x \$ 18.00	0.00			
INDEPENDENT CLAIMS	2 - 3	0	x 80.00	0.00			
MULTI-DEPENDENT CLAIMS(S), Per Application (\$260.00)							
			TOTAL FILING FEE	\$710.00			

Cancel in this application	original claims	of the prior application before
calculating the filing fee.	(At least one original independer	nt claim has been retained for filing purposes).

Please charge my Deposit Account No. **18-1982** in the amount of \$710.00. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper, or credit any overpayment to Account No. 18-1982. A duplicate copy of this sheet is enclosed.

Arving Newman, Reg. No. 22,6 Attorney/Agent for Applicant

Aventis Pharmaceuticals Inc.
Patent Department
Route #202-206 / P.O. Box 6800
Bridgewater, New Jersey 08807-0800
Telephone (908) 231-2785
Telefax (908) 231-2626

Docket No. ST00001A-US

PTO/SB/17 (12/99)

Appro use through 09/30/2000. OMB 0651-0032

Patent and Tradem fice: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **FEE TRANSMITTAL** for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PT/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 710.00

Complete if Known					
Application Number	TBD				
Filing Date	Herewith				
First Named Inventor	Veronique Mary				
Examiner Name	TBD				
Group / Art Unit	TBD				
Attorney Docket No.	ST00001A-US				

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)						
_	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:				3. ADDITIONAL FEES					
Deposit Account Number			18-1982		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Deposit Account	Aventi	s Pharma	nceuticals Products I	nc.	105	100	225	0.5		
Name 🔀		Additiona	I Fee Required		105	130 50	205 227	65 25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or cover sheet	
<u> </u>	Under 37 C		6 and 1.17		139	130	139	130	Non-English Specification	
1 – –	ent Enclose	1			147	2,520	147	2.520	For filing a request for reexamination	
	neck	Money		er	J	,			•	
			_ATION		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
3	FILING FE			1	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
Large Enti Fee Fe Code (\$	Fee	Entity Fee (\$)	Fee Description	Fee Paid	115	110	215	55	Extension for reply within first month	
101 69		345	Utility filing fee	710	116	380	216	190	Extension for reply within second month	
106 31	206	155	Design filing Fee		117	870	217	435	Extension for reply within third month	
107 48	207	240	Plant filing fee		118	1,360	218	680	Extension for reply within fourth month	
108 69	208	345	Reissue filing fee		128	1,850	228	925	Extension for reply within fifth month	
S 15	214	75	Provisional filing fee		119	300	219	150	Notice of Appeal	
	SUBTO	OTAL (1			120	300	220	150	Filing a brief in support of an appeal	
2. EXTRA	CLAIM FE	ES			121	260	221	130	Request for oral hearing	
	Extr	a Claims	Fee from below	Fee Paid	138	1,510	138	1,510	Petition to institute a public use proceeding	
Total Claims	3 -20**	'= 0	x 0 =	0.00	140	110	240	55	Petition to revive - unavoidable	
Independent	2 - 3**	·= 0	x 0 =	0.00	141	1,210	241	605	Petition to revive - unintentional	
Claims					142	1,210	242	605	Utility issue fee (or reissue)	
Multiple Depend	ent				143	430	243	215	Design issue fee	
			For Reissues, see belo	w	144	580	244	290	Plant issue fee	
Large Enti	e Fee	Entity Fee	For Description		122	130	122	130	Petitions to the Commissioner	
103 1		( <b>\$</b> ) 9	Fee Description Claims in excess of 2	0	123	50	123	50	Petitions related to provisional applications	
102 7	8 202	39	Independent claims in of 3	n excess	126	240	126	240	Submission of Information Disclosure Stmt	
104 26	0 204	130	Multiple dependent cl not paid	aim, if	581	40	581	40	Recording each patent assignment per property (times number of properties)	
109 7	8 209	39	**Reissue independer claims over original		146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
110 1	8 210	9	**Reissue claims in e 20 and over origina	xcess of	149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	
İ			-	Other fee (specify)						
					Other fe	e (specify)				
	SUBTO	OTAL (2	(\$)0.00		*Reduce	ed by Basic	Filing Fe	e Paid	SUBTOTAL (3)	
SUBMITTED	SUBMITTED BY Complete (If applicable)									

SUBMITTED BY			Complete (If applicable)				
Name (Print/Type)	Irving Newman, R g	J. No. 22,638	Registration No. (Attorney/Agent)	22,638	Telephone	(908) 231-2785	
Signature		-1 on			Date	12/15/00	

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.